Researchers find overprescribing of oral corticosteroids in children with asthma

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Children with asthma use inhalers to relieve some of their symptoms, which include coughing, wheezing, chest tightness and shortness of breath. Credit: Tradimus / Wikimedia commons / CC BY-SA 3.0

While a short course of oral corticosteroid medication is recommended for the treatment of moderate to severe asthma flare-ups, it is neither recommended nor effective in treating those with minimal to mild asthma exacerbations. In a new study published today in the journal *Pediatrics*, researchers at Baylor College of Medicine found substantial

overprescribing of oral corticosteroids in children with asthma.

The goal of this study was to describe patterns of oral corticosteroid prescription in the pediatric population. Researchers also wanted to determine whether different types of providers (pediatric, family medicine or internal medicine) had different rates of prescribing oral corticosteroids.

Dr. Harold Farber, associate professor of pediatrics in the section of pulmonary medicine at Baylor, and colleagues analyzed data from children between 1 and 18 years of age with an asthma diagnosis from January 2011 to January 2016 using a computerized database from Texas Children's Health Plan, a health maintenance organization for those eligible for Medicaid or the Children's Health Insurance Program. They found that close to half of the children under 5 years of age with an asthma diagnosis had an oral corticosteroid prescription in the previous year and more than 40 percent of children in the older age group with an asthma diagnosis had one or more oral corticosteroid prescriptions in the previous year.

"Oral corticosteroids are very useful for moderate to severe asthma flare-ups because they shrink the swelling and inflammation in the breathing tubes, help reduce the risk of hospitalizations and reduce the number of days in the hospital," said Farber, also a pulmonologist at Texas Children's Hospital and first author of the paper. "They are also very powerful medications with side effects, especially when used frequently."

The research also showed that pediatricians prescribed less oral corticosteroids than family medicine or internal medicine providers. When researchers compared those pediatricians who prescribed oral corticosteroids more frequently than others, researchers found minimal differences in asthma-related emergency room visits and no differences

in hospitalization rates among their patients.

"We want to make sure the right people have the prescription. In the right situations, oral corticosteroids are useful. In the wrong situation, they are not beneficial and are potentially harmful, just like antibiotics," Farber said.

Farber encourages parents whose children are prescribed with oral corticosteroids for the treatment of mild asthma problems to ask their physician if he/she thinks the child really needs them. Keep in mind that for a moderate or severe asthma attack, oral corticosteroid medication is useful.

He also suggests that parents take steps to keep their child's asthma in control. When you can prevent the little problems, the chance of a big problem is lower. By keeping asthma in control, the chances of having an asthma attack bad enough to need oral corticosteroid medication is reduced:

1. Watch what you breathe – avoid smoke, chemicals and inhaled allergens that could be making the asthma worse. If a close family member or caregiver is a smoker, free help to stop smoking is available at 1-800-QUIT-NOW.
2. If asthma problems are frequent (twice a week or more) or severe (enough to need urgent or emergent medical attention) an everyday, long-term control medicine may be needed. These medicines are different from the medicines that provide quick relief of asthma symptoms.
3. Ask your doctor for a written asthma action plan, and follow the plan. If the plan is not working, talk to your doctor about how it needs to be changed.

More information: Harold J. Farber et al. Oral Corticosteroid

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Prescribing for Children With Asthma in a Medicaid Managed Care Program, *Pediatrics* (2017). DOI: 10.1542/peds.2016-4146

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